

Obesity Prevention Matrix

	Chicago Child Care Standards ¹ and Amendments ²	National Standards ³	IL DCFS Licensing Standards, Rule 407	Other States Practices ⁴
Nutrition	<ul style="list-style-type: none"> Safe drinking water must be readily accessible and served to children during the time they are on the premises. Beverages with added sweeteners, whether artificial or natural, shall not be provided to children. Juice shall only be provided to children older than 12 months of age and only 100% juice shall be permitted. Children older than 12 months of age shall receive no more than 4 ounces of 100% juice per day. 	<ul style="list-style-type: none"> Clean, sanitary drinking water should be readily available, in indoor and outdoor areas, throughout the day. When tooth brushing is not done after a feeding, children should be offered water to drink to rinse food from their teeth. Human milk, infant formula for infants at least up to one year of age. Whole milk for children ages one up to two years of age or reduced fat (2%) milk for those at risk for obesity or hypercholesterolemia. 1% or skim milk for 	<ul style="list-style-type: none"> “The development of a plan for meeting the nutrition and food service requirements of Section 407.330” (Section 407.65/a/7, p. 18). “In accordance with the AAP recommendations, solid foods shall be introduced generally between 4 and 6 months of age. The time of introduction shall be indicated by each child's nutritional and developmental needs after consultation with the parents” (Section 407.210/f/26, 	<p><u>ARIZONA</u></p> <ul style="list-style-type: none"> Soft drinks or other sugary drinks are prohibited: <p>R9-5-508. GENERAL NUTRITION STANDARDS</p> <p>C. A licensee shall ensure that:</p> <p>11. Juice served to children for a meal or snack is full-strength 100% vegetable or 100% fruit juice from an original, commercially filled container or reconstituted from a concentrate according to manufacturer instructions;</p> <p>13. A beverage sweetened with any kind of sugar product is not provided by the facility;</p>

¹ *Health Requirements for Child Care Centers*, City of Chicago Department of Public Health

² On November 18, 2009, the City of Chicago Department of Public Health, acting through the Commissioner, and the Chicago Board of Health adopted a joint resolution to recommend nutritional, physical activity, and screen viewing standards for Child Day Care Centers in the City of Chicago

³ American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. *Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

⁴ National Center on Child Care Quality Improvement, Office of Child Care. 2011. *State Child Care Licensing Requirements to Promote Healthy Weight* (No. 948)

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	<ul style="list-style-type: none"> Unless milk with a higher fat content is medically recommended for a child, as documented by the child's medical provider, the content of fat in milk served to children ages two and older shall not be more than 1 percent. Meals shall be prepared so as to moderate fat and sodium content. 	<p>children two years of age and older. Other milks such as soy when recommended. Other milk equivalent products such as yogurt and cottage cheese (low-fat for children two years of age and older)</p> <ul style="list-style-type: none"> The facility should serve only full-strength (100%) pasteurized fruit juice or full-strength fruit juice diluted with water from a cup to children twelve months of age or older. Juice should have no added sweeteners. No juice before twelve months of age. 4 to 6 oz juice /day for one- to six-year-olds. 8 to 12 oz juice/day for seven- to twelve-year-olds. Choose monounsaturated and polyunsaturated fats (olive oil, safflower oil) 	<p>p. 52).</p> <ul style="list-style-type: none"> "A variety of developmentally appropriate activities and materials shall be provided to help children achieve the following goals: 5) Sound health, safety and nutritional practice" (Section 407.220/f/5, p. 55). "Adequate and appropriate food shall be served according to the amount of time the child spends at the center. The center shall provide $\frac{1}{3}$ to $\frac{2}{3}$ of the child's daily nutrient needs depending on length of stay, as outlined in the chart below. These nutrient needs are based on the current recommended dietary 	<ul style="list-style-type: none"> Limit servings of 100% juice to one 4 to 6 ounce serving per day: <p>R9-5-508. GENERAL NUTRITION STANDARDS C. A licensee shall ensure that: 12. Fruit juice served to an enrolled child is limited to the following amounts: a. For an enrolled child younger than six years of age, four ounces per day; or b. For an enrolled child six years of age or older, six ounces per day;</p> <ul style="list-style-type: none"> Low-fat or nonfat milk must be served to children age two and older: <p>R9-5-508. GENERAL NUTRITION STANDARDS C. A licensee shall ensure that:</p>

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		<p>and soft margarines. Avoid trans fats, saturated fats and fried foods.</p> <ul style="list-style-type: none"> • Avoid concentrated sweets such as candy, sodas, sweetened drinks, fruit nectars, and flavored milk. • Limit salty foods such as chips and pretzels. • Infants should always be held for bottle feeding. Caregivers/teachers should hold infants in the caregiver/teacher's arms or sitting up on the caregiver/teacher's lap. Bottles should never be propped. The facility should not permit infants to have bottles in the crib. The facility should not permit an infant to carry a bottle while standing, walking, or running around. 	<p>allowances set by the Food and Nutrition Board of the National Research Council and are outlined in Appendix D and Appendix E.</p> <p>If children are present two to five hours, they receive one snack; five to ten hours, one meal and two snacks or two meals and one snack; more than ten hours, two meals and two snacks or one meal and three snacks" (Section 407.330/h, p. 84).</p> <ul style="list-style-type: none"> • "Children shall be offered food at not less than two hours and not more than three hours apart, unless the child is asleep" (Section 401.330/i, p. 84). 	<p>9. Milk served to an enrolled child older than two years of age is fat-free or 1% lowfat milk unless the enrolled child's parent requests otherwise;</p> <ul style="list-style-type: none"> • Meals are eaten family style: <p>R9-5-508. GENERAL NUTRITION STANDARDS</p> <p>C. A licensee shall ensure that:</p> <p>7. Lunch and dinner are family-style meals as demonstrated by at least one of the following:</p> <p>a. Food is served from a serving container on the table where enrolled children are seated;</p> <p>b. Enrolled children serve themselves, independently or with the help of a staff member, from a serving container on the table</p>

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			<ul style="list-style-type: none"> “...a child requiring a special diet due to medical reasons, allergic reactions or religious beliefs shall be provided with meals and snacks according to the written instructions of the child’s parents, clergy and/or the child’s medical provider” (guidelines specified in Section 407.330/j.). (Section 407.330/j). “Meals and snacks for children one year of age and older shall comply with the requirements of Appendix E” (p.129). Meal components should follow the provisions of Section 407.330/k/1/A-E. These provisions are regarding 	<p>where enrolled children are seated;</p> <p>c. Enrolled children pass a serving container from individual to individual;</p> <p>d. In a facility where lunch or dinner is provided by the facility, a staff member sits at the table and eats the lunch or dinner with enrolled children; or</p> <p>e. In a facility where each enrolled child brings the enrolled child’s own lunch or dinner, a staff member sits at the table with the enrolled children and eats the staff member’s own lunch or dinner.</p> <ul style="list-style-type: none"> <i>Soft drinks or other sugary drinks are prohibited: also in DE, IN, NM, OR, TX standards</i> <i>Limit servings of 100% juice to one 4 to 6 ounce</i>

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			<p>consumption of</p> <p>A) Milk,</p> <p>B) Meat or meat alternative;</p> <p>C) Fruits or vegetables;</p> <p>D) Bread or bread alternative;</p> <p>E) Butter or margarine.</p> <p>I would like to highlight the provisions regarding milk and juice:</p> <p>“A) Milk: Grade A, pasteurized, fortified, fluid milk. Because low-fat and skim milks may not provide adequate levels of calories and fatty acids, these milks shall not be given to children under two years of age unless ordered by the children’s physician”</p> <p>and</p>	<p><i>serving per day: also in CA, TX standards</i></p> <ul style="list-style-type: none"> • <i>Low-fat or nonfat milk must be served to children age two and older: also in TX standards</i>

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			<p>“C) Fruits and vegetables: Cooked or raw. Each child shall have a total of two servings of fruits and/or vegetables for lunch. A good source of vitamin C shall be served daily. These include citrus fruits, melons and other fruits and juices that contain at least 30 mg of vitamin C per serving” (Section 407.330/k/1, p. 85).</p> <ul style="list-style-type: none"> • “If any part of the nutritional requirements is designated as dessert, it shall be served as an integral part of the meal. Ice cream or milk-based pudding may be used occasionally. Cake, pastries, cookies or other foods with high 	

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			<p>sugar and/or fat content shall not be used as lunch desserts” (Section 407.330/k/2, p. 85).</p> <ul style="list-style-type: none"> • Other provisions regarding meal components not specifically recorded in this table are found in Section 407.330/k/3-5, p. 85. • “Milk, formula and baby food shall be handled and served to infants who are not yet eating table food according to the provisions of Section 407.210” (Section 407.330/l/3, p. 86). 	
Physical Activity	<ul style="list-style-type: none"> • All children ages 12 months or older shall participate in 60 minutes of physical activity per day. For children ages three (3) and older, at least 30 	<ul style="list-style-type: none"> • The facility should promote children’s active play every day. Children should have ample opportunity to do moderate to vigorous activities such as 	<ul style="list-style-type: none"> • “The facility shall provide...a balance of active and quiet activity” (Section 407.200/d/2, p. 47). • “The facility shall provide... daily indoor 	<p><u>DELAWARE</u></p> <ul style="list-style-type: none"> • Duration of daily physical activity is specified: <p>PROGRAM GOALS AND PLANNING</p>

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	<p>of the 60 minutes shall be structured and guided physical activity. The remainder of the physical activity may be concurrent with other active play, learning and movement activities. Children attending a program less than six hours shall be scheduled to participate in a proportionate amount of such activities.</p> <ul style="list-style-type: none"> Structured and guided physical activity shall be facilitated by teachers and/or child care providers and shall promote basic movement, creative movement, motor skills development, and general coordination. A 	<p>running, climbing, dancing, skipping, and jumping. All children, birth to six years, should participate daily in:</p> <p>Two to three occasions of active play outdoors, weather permitting (see Standard on Playing Outdoors for appropriate weather conditions);</p> <p>Two or more structured or caregiver/teacher/adult-led activities or games that promote movement over the course of the day—indoor or outdoor.</p> <ul style="list-style-type: none"> The total time allotted for outdoor play and moderate to vigorous indoor or outdoor physical activity can be adjusted for the age group and weather conditions. 	<p>and outdoor activities in which children make use of both large and small muscles” (Section 407.200/d/3, p. 47).</p> <ul style="list-style-type: none"> “The facility shall provide...a variety of activities which takes into consideration individual differences in interest, attention span, and physical and intellectual maturity” (407.200/f/1, p. 47). “Indoor and outdoor play materials and equipment suitable for staff to use with infants and toddlers to stimulate learning, growth, health, and overall development shall be provided in accordance with the equipment requirements in 	<p>382. A licensee shall ensure that each child, according to his or her ability, is provided the opportunity for a minimum of twenty (20) minutes of moderate to vigorous physical activity indoors and/or outdoors, for every three (3) hours the child is in attendance between the hours of 7:00 am to 7:00 pm.</p> <p>ACTIVITIES</p> <p>457. A licensee shall ensure that a program of indoor and outdoor activities and supplies and equipment is provided based on the ages and developmental levels of school-age children served:</p> <p>A. Children shall be given daily opportunities for active physical play such as active games, sports, dancing, running, jumping, climbing or exploring the environment.</p>

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	<p>program of structured and guided physical activity shall be developed in accordance with guidelines provided or approved by the Chicago Department of Public Health.</p> <ul style="list-style-type: none"> • Childcare providers shall document structured and guided physical activities and make such documentation available to the Chicago Department of Public Health upon request. This documentation shall be included the programs' daily schedule and program lesson/activity plans. • Children shall not be allowed to remain sedentary or to sit passively for more 	<p>Outdoor play:</p> <ul style="list-style-type: none"> • Infants (birth to twelve months of age) should be taken outside two to three times per day, as tolerated. There is no recommended duration of infants' outdoor play. • Toddlers (twelve months to three years) and preschoolers (three to six years) should be allowed sixty to ninety total minutes of outdoor play. These outdoor times can be curtailed somewhat during adverse weather conditions in which children may still play safely outdoors for shorter periods, but should increase the time of indoor activity, so the total amount of exercise should remain the same. 	<p>Appendix A of this Part" (407.210/d, p. 50). Appendix A "takes into account...physical needs for active and quiet play over a short time period" (p.111). Appendix A includes specific equipment to stimulate developmentally-appropriate physical activity.</p> <ul style="list-style-type: none"> • "Children [infants and toddlers] shall be free to creep, crawl, toddle and walk as they are physically able. Walkers are not permitted unless prescribed by a physician" (Section 407.210/h/2, p. 53). • "Except as allowed in Section 407.200/d/3, children [infants and toddlers] shall be 	<p>B. Children shall have daily outdoor activities after school. If weather conditions do not permit outdoor play, children shall be given opportunities for active physical play indoors.</p> <p><u>MASSACHUSETTS</u></p> <ul style="list-style-type: none"> • Duration of daily physical activity is specified: <p>7.06: Curriculum and Progress Reports</p> <p>4. daily indoor and outdoor time periods, weather permitting, which include both small and large muscle activities;</p> <p>5. at least 60 minutes of physical activity in full day programs;</p> <ul style="list-style-type: none"> • <i>Duration of daily physical activity is specified: also in AK, AR, KS, ME, MO, NM</i>

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	<p>than 60 minutes continuously, except during scheduled rest or naptime.</p> <p>Outdoor play:</p> <ul style="list-style-type: none"> • Adequate periods of safe outdoors play shall be provided daily for all children, except during inclement weather. • During outdoor play, children shall be dressed appropriately for weather and temperature. In inclement weather, active play shall be encouraged and supported in safe indoor play areas. 	<p>Total time allotted for moderate to vigorous activities:</p> <ul style="list-style-type: none"> • Toddlers should be allowed sixty to ninety minutes per eight-hour day for moderate to vigorous physical activity, including running. • Preschoolers should be allowed ninety to one hundred and twenty minutes per eight-hour day (4). • Infants should have supervised tummy time every day when they are awake. Beginning on the first day at the early care and education program, caregivers/teachers should interact with an awake infant on their tummy for short periods of time (three to five minutes), increasing the 	<p>taken outdoors for a portion of every day unless the weather conditions pose a danger such as lightning or extremely high or low temperatures” (Section 407.210/h/4, p. 53).</p> <ul style="list-style-type: none"> • “For awake infants who cannot move about the room, the staff shall hold, rock and/or carry the child at least every 30 minutes and change the place and position of the child and the selection of toys available” (Section 407.210/h/6, p. 53). • “The daily program for infants and toddlers shall provide experiences that promote the individual child's 	<p><i>standards</i></p>

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		<p>amount of time as the infant shows he/she enjoys the activity (27).</p> <ul style="list-style-type: none"> • Active play should never be withheld from children who misbehave (e.g., child is kept indoors to help another caregiver/teacher while the rest of the children go outside) (5). However, children with out-of-control behavior may need five minutes or less to calm themselves or settle down before resuming cooperative play or activities. 	<p>growth and well-being in the development of gross and fine motor skills, sensory learning, language, cognition, and positive self-concept” (Section 407.210/j, p. 53).</p> <ul style="list-style-type: none"> • “Children who have been in school all day shall have time set aside for relaxation and recreation immediately upon arrival from school” (Section 407.220/d/2, p. 54). • “A variety of developmentally appropriate activities and materials shall be provided to help children achieve the following goals: 4) Physical development and skills” (Section 407.220/f/4, p. 55). 	

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			<ul style="list-style-type: none"> • “Equipment and materials for both indoor and outdoor use shall be appropriate to the age and developmental needs of the children served” (Section 407.380/a, p. 103). “Such equipment and materials for infants, toddlers and pre-school children shall be provided in the quantity and variety specified in Appendix A: Equipment for Infants and Toddlers, Appendix B: Equipment for Preschool Children and Appendix C: Equipment for School-Age Children” (Section 407.380/b, p. 103). • “An outdoor play area shall be provided 	

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			unless the program operates less than three hours per day in accordance with Section 407.200(d)(3) or a waiver has been granted by the Department in accordance with subsection (q) of this Section” (Section 407.390/a, p. 106).	

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Screen Time	<ul style="list-style-type: none"> • “Screen viewing” means the viewing of television, video, computer, electronic games and other visual recordings. Screen viewing shall not be utilized with children less than two years of age. • For children two (2) and older, who are in the program for six or more hours in a day, screen viewing shall be limited to no more than 60 minutes per day of educational programs or programs that actively engage child movement. Each Screen Viewing session shall be limited to maximum of 30 minutes. • Children attending a program for less than six hours in a day shall 	<ul style="list-style-type: none"> • In early care and education settings, media (television [TV], video, and DVD) viewing and computer use should not be permitted for children younger than two years. • For children two years and older in early care and early education settings, total media time should be limited to not more than thirty minutes once a week, and for educational or physical activity use only. • During meal or snack time, TV, video, or DVD viewing should not be allowed. • Computer use should be limited to no more than fifteen-minute increments except for school-age children completing homework 	<ul style="list-style-type: none"> • “The use of visual media, such as television, films and videotapes, shall be limited to developmentally appropriate programming, and an alternative activity shall be made available. Media may be used as a special event or to achieve a specific goal, but shall not be used as a regular daily routine” (Section 407.200/g, p. 47). 	<p><u>DELAWARE</u></p> <ul style="list-style-type: none"> • 383. “A licensee shall ensure that television, digital video display (DVD), and video cassette viewing shall be as follows: A. Prohibited for children younger than two (2) years of age; B. Not permitted without the written approval of each child’s parent/guardian; C. Limited to programs which are age-appropriate and educational; and D. Not to exceed one (1) hour daily per child or group of children. i. Viewing time periods may be extended for specific

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	be limited to a proportionate amount of Screen Viewing.	<p>assignments and children with special health care needs who require and consistently use assistive and adaptive computer technology.</p> <ul style="list-style-type: none"> • Parents/guardians should be informed if screen media are used in the early care and education program. • Any screen media used should be free of advertising and brand placement... and should be reviewed and evaluated before participation of the children to ensure that advertising and brand placement are not present. 		<p>special events or occasions such as a current event, holiday or birthday celebration. Written documentation shall justify the reason(s) for extending the time period.”</p> <ul style="list-style-type: none"> • 384. “A licensee shall ensure that the use of the computer shall be as follows: A. Prohibited for children younger than two (2) years of age; B. Not permitted without the written approval of each child’s parent/guardian; F. Not to exceed one (1) hour daily per child or group of children. i. Usage time periods may be extended for

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				<p>special projects such as homework, researching topics, or special events or interests of a child or group of children. Written documentation shall justify the reason(s) for extending the usage period.”</p> <p><u>MAINE</u></p> <ul style="list-style-type: none"> • 15.2.4. “Television, video viewing and/or use of the computer shall be educational and age appropriate. Television viewing shall be limited to one (1) hour or less per classroom per day.” • <i>Screen time regulations also specified in: AK, AL, AZ, CO, GA, IL, IN, KY, MI, MS, NC, NM, OK, SC,</i>

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				<i>TN, TX, VT, WI, WV standards, according to National Center on Child Care Quality Improvement</i>

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Breastfeeding	<ul style="list-style-type: none"> “When children are exclusively bottle fed or breast fed, supplemental water shall be offered” (Found under Nutrition Requirements for Infants and Toddlers, A/23, p. 37). 	<ul style="list-style-type: none"> “The standards detail opportunities for facilities to work with families beginning on day one of an infant’s enrollment, such as reaching out to mothers who breastfeed their infants by supporting them in a breastfeeding friendly environment” (p. 9). “Breastfeeding sets the stage for an infant to establish healthy attachment. The American Academy of Pediatrics, the United States Breastfeeding Committee, the Academy of Breastfeeding Medicine, the American Academy of Family Physicians, the World Health Organization, and the United Nations Children’s Fund 	<ul style="list-style-type: none"> “No food other than formula, milk, breast milk, or water shall be placed in a bottle for infant feeding unless otherwise indicated by the child’s physician, in consultation with the parents” (Section 407.210/f/16, p. 51). “When children are exclusively bottle-fed or breast-fed, supplemental water shall be offered” (Section 407.210/f/17, p. 51). Breast milk feeding requirements specified under Appendix D, Infant Daily Food Requirements, p. 127. These include: for infants 0-3mos., 4-6 oz. formula or breast milk for breakfast and 	<u>ARIZONA</u> <ul style="list-style-type: none"> R9-5-502.A.c. At least one adult-size chair for use by a: <ul style="list-style-type: none"> i. Staff member when holding or feeding an infant; or ii. Nursing mother when breastfeeding her infant” (p.34). R9-5-502.C.4. “When feeding an infant, a staff member: <ul style="list-style-type: none"> a. Provides an infant with food for growth and development that includes: <ul style="list-style-type: none"> i. Formula provided by the infant’s parent or the licensee or breast milk provided by the infant’s parent following written instructions required by subsection (C)(1)(I)” (p. 36).

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		(UNICEF) all recommend that women should breastfeed exclusively for about the first six months of the infant's life, adding age-appropriate solid foods (complementary foods) and continuing breast-feeding for at least the first year if not longer. Human milk, containing all the nutrients to promote optimal growth, is the most developmentally appropriate food for infants. It changes during the course of each feeding and over time to meet the growing child's changing nutritional needs. All caregivers/teachers should be trained to encourage, support, and advocate for breast-feeding.	lunch or supper, and "supplement"; for infants 4-7 mos., 4-8 oz. formula or breast milk for breakfast and lunch or supper, and 4-6 fl. oz. for "supplement"; for infants 8-11 mos., 6-8 fl. oz. formula or breast milk for breakfast and lunch or supper, and 2-4 fl. oz. breast milk or formula for "supplement."	<u>DELAWARE</u> <ul style="list-style-type: none"> • 346.A.i. "Children one (1) year to two (2) years shall have whole pasteurized cow's milk when not on formula or breast milk" (p. 59). • 354. "A licensee shall ensure that every effort will be made to accommodate the needs of the child who is being breast-fed, including allowing the mother to breastfeed her child at a designated place at the Center" (p. 60). • 360.A. "A written statement specifying food including specific formula or breast milk, and a feeding schedule shall be obtained from the

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		<p>Caregivers/teachers have a unique opportunity to support breastfeeding mothers, who are often daunted by the prospect of continuing to breastfeed as they return to work. Early care and education programs can reduce a breastfeeding mother's anxiety by welcoming breastfeeding families and providing a staff that is well-trained in the proper handling of human milk and feeding of breastfed infants" (p. 11).</p> <ul style="list-style-type: none"> • "Children should be offered food at intervals at least two hours apart and not more than three hours apart unless the child is asleep. Some very young infants may need to be fed at shorter intervals than 		<p>parent(s)/guardian(s) for each infant at least on a monthly basis or as needed;</p> <p>i. Mixing formula with cereal, fruit juice or any other foods in a bottle shall be considered a modification of a basic meal pattern and require written documentation from an infant's health care provider permitting the modification" (p. 60).</p> <p><u>MASSACHUSETTS</u></p> <ul style="list-style-type: none"> • 7.12.10.a.1. "A current feeding schedule must be maintained, documenting use of either breast milk or formula, if applicable, new foods introduced,

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		<p>every two hours to meet their nutritional needs, especially breastfed infants being fed expressed human milk” (under Meal and Snack Patterns Standard, d, p. 19).</p> <ul style="list-style-type: none"> “Caregivers/teachers should discuss the breastfed infant’s feeding patterns with the parents/guardians because the frequency of breastfeeding at home can vary. For example, some infants may still be feeding frequently at night, while others may do the bulk of their feeding during the day. Knowledge about the infant’s feeding patterns over twenty-four hours will help caregivers/teachers assess the infant’s 		<p>food intolerances and preferences, voiding patterns, and observations related to developmental changes in feeding and nutrition.”</p> <ul style="list-style-type: none"> <i>Requirements for breastfeeding or feeding breast milk are also specified in: AL, AR, AZ, CA, CT, DC, GA, IA , IN, KY, MD, ME, MI, MN, MS, MT, NC, ND, NH, NM, NV, NY, OH, OK, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV standards</i>

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		<p>feeding during his/her time with the caregiver/teacher” (Under Meal and Snack Patterns Standard, f, p. 19).</p> <ul style="list-style-type: none"> • “For breastfed infants, AAP recommends that gradual introduction of iron-fortified foods may occur no sooner than around four months, but preferably six months to complement the human milk” (Under 100% Fruit Juice, Rationale, p. 21). • “Caregivers/teachers should use or develop a take-home sheet for parents/guardians on which the caregiver/teacher records the food consumed each day or, for breastfed infants, the number of breastfeedings, and other important notes 		

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		<p>on the infant. Caregivers/teachers should continue to consult with each infant's parents/guardians concerning foods they have introduced and are feeding. In this way, the caregiver/teacher can follow a schedule of introducing new foods one at a time and more easily identify possible food allergies or intolerances. Caregivers/teachers should let parents/guardians know what and how much their infant eats each day. Consistency between home and the early care and education setting is essential during the period of rapid change when infants are learning to</p>		

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		<p>eat age-appropriate solid foods” (Under Written Menus and Introduction of New Foods, Comments, p. 22).</p> <ul style="list-style-type: none"> • “Infants under six months who are exclusively or partially breastfed and who receive less than sixteen ounces of formula per day should receive 400 IU of vitamin D” (Under Vegetarian/Vegan Diets, Rationale, p. 25). • “The facility should encourage, provide arrangements for, and support breastfeeding. The facility staff, with appropriate training, should be the mother’s cheerleader and enthusiastic supporter for the mother’s plan to provide her milk. Facilities should have a 		

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		<p>designated place set aside for breastfeeding mothers who want to come during work to breastfeed as well as a private area with an outlet (not a bathroom) for mothers to pump their breast milk (2-8). A place that mothers feel they are welcome to breastfeed, pump, or bottle feed can create a positive environment when offered in a supportive way” (Under General Plan for Feeding Infants, Standard, p. 26).</p> <ul style="list-style-type: none"> • “For breastfed infants, gradual introduction of iron-fortified foods may occur no sooner than around four months, but preferably six months to complement the human milk” (Under General Plan for Feeding Infants, Standard, p. 26). 		

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		<ul style="list-style-type: none"> • “Except in the presence of rare genetic diseases, the clear advantage of human milk over any formula should lead to vigorous efforts by caregivers/teachers to promote and sustain breastfeeding for mothers who are willing to nurse their infants whenever they can, and to pump and supply their milk to the early care and education facility when direct feeding from the breast is not possible. Even if infants receive formula during the child care day, some breastfeeding or expressed human milk from their mothers is beneficial” (Under General Plan for Feeding Infants, Rationale, p. 26). • “Some ways to help a 		

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		<p>mother to breastfeed successfully in the early care and education facility:</p> <p>a) If she wishes to breastfeed her infant or child when she comes to the facility, offer or provide her a:</p> <p>1) Quiet, comfortable, and private place to breastfeed (this helps her milk to letdown);</p> <p>2) Place to wash her hands;</p> <p>3) Pillow to support her infant on her lap while nursing if requested;</p> <p>4) Nursing stool or stepstool if requested for her feet so she doesn't have to strain her back while nursing; and</p> <p>5) Glass of water or other liquid to help her stay hydrated;</p> <p>b) Encourage her to get</p>		

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		<p>the infant used to being fed her expressed human milk by another person before the infant starts in early care and education, while continuing to breastfeed directly herself;</p> <p>c) Discuss with her the infant's usual feeding pattern and whether she wants the caregiver/teacher to feed the infant by cue or on a schedule, also ask her if she wishes to time the infant's last feeding so that the infant is hungry and ready to breastfeed when she arrives, also, ask her to leave her availability schedule with the early care and education program and ask her to call if she is planning to miss a feeding or is going to be late;</p>		

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		<p>d) Encourage her to provide a back-up supply of frozen or refrigerated expressed human milk with the infant's full name on the bottle or other clean storage container in case the infant needs to eat more often than usual or the mother's visit is delayed;</p> <p>e) Share with her information about other places in the community that can answer her questions and concerns about breastfeeding for example, local lactation consultants;</p> <p>f) Ensure that all staff receive training in breastfeeding support and promotion;</p> <p>g) Ensure that all staff are trained in the proper handling and feeding of each milk product,</p>		

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		<p>including human milk or infant formula; h) Provide culturally appropriate breastfeeding materials including community resources for parents/guardians that include appropriate language and pictures of multicultural families to assist families to identify with them” (Under General Plan for Feeding Infants, Comments, p. 26-7).</p> <ul style="list-style-type: none"> • “The facility should have food handling, feeding, and nutrition policies and plans under the direction of the administration that address the following items and assign responsibility for each: I) Promotion of breastfeeding and provision of community 		

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		<p>resources to support mothers” (Under Food and Nutrition Service Policies and Plans, Standard, p. 49).</p> <ul style="list-style-type: none"> • In the Appendices, there is a poster childcare providers are recommended to use to promote breastfeeding on p. 63. 		